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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 618129

Total Fee Calculation

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English Translation	130					
TOTAL FEE CALCULA	<u> </u>					
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Office of Knitial Patent	Examination					

Figure 7

FORM OIPE-PAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number							
11/12/29							

Effective December 29, 1999								61	<u> / /</u>	//_
		CLAIMS AS (Co	FILED - Folumn 1)	(Colur		SMALL E		OR	OTHER SMALL E	
FC	OR	NUMBER	R FILED	NUMBER E	EXTRA	RATE	FEE		RATE	FEE
BA	BASIC FEE					345.00	OR		690.00	
TC	TOTAL CLAIMS					X\$ 9=		OR	X\$18=	935
INDEPENDENT CLAIMS / minus 3 = *						X39=		OR	X78≃	j
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* 1	f the difference i	n column 1 is le	ess than zer	ro, enter "0" in c	,	TOTAL		OR	TOTAL	11)3
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					!	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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		(Column 1)		(Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
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L		(Column 1)	•	(Column 2)	(Column 3)					
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AMENDMENT	Independent	•	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIN	И			1	+260=	1
	* If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, write "0" ın c	olumn 3	+130= TOTAL	<u> </u>	OR	+260= TOTAL	
	** If the "Highest Nu	mber Previously P	aid For IN TH	IS SPACE is less th	nan 20, enter "20." nan 3, enter "3."	ADDIT. FEE	L	OR ox in co	ADDIT. FEE	